

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
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9	1					
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11	2					
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TOTAL IND.	3					
TOTAL DEP.	67	←	←	←		
TOTAL CLAIMS	70	████████	████████	████████	████████	████████

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL IND.	3											
TOTAL DEP.	67	←	←	←								
TOTAL CLAIMS	70	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████